

**SOUTHERN ARIZONA VETERANS' MEMORIAL CEMETERY
APPLICATION FOR INTERMENT**

1300 Buffalo Soldier Trail, Sierra Vista, AZ 85635 PH. (520) 458-7144 FAX(520)458-7147

DECEDENT NAME:

First

Middle

Last

Suffix

SSN#:

DOD:

DOB:

Gender:

Marital Status:

Relationship to veteran:

Place of residence:

Last known: City, State, Zip code, County of decedent

FUNERAL HOME:

Contact:

Phone:

LEGAL NEXT OF KIN:

Relationship:

SPOUSE ONLY: DOB:

SSN#:

Address:

Phone:

City:

State:

Zip code:

Is spouse a veteran:

If so, does surviving spouse want a "set aside grave?"

*If yes, provide copy of
discharge for both veterans.*

VETERAN:

Highest rank:

First

Middle

Last

Service#:

SSN#:

VA Claim#:

Military Status:

Branch of Service:

Active Duty Dates: Entry:

Discharge:

(Funeral Director or family schedule services and Military honors.) Committal Shelter:

Military honors:

Branch of Service:

Religious emblem:

Interment

Service type:

(Optional) War periods (specify):

Request date and
time for service:

Marker Additional Inscriptions: (Two lines- Columbaruim niche - 12 character spaces per line including spaces. Upright headstones 15 character spaces per line including spaces.)

PLEASE FORWARD ALL AVAILABLE MILITARY DOCUMENTS

Documentation is required for Awards and Highest Rank Held. Information on this form will also be used to order the monument. Please insure that spelling and dates are accurate. I have certified that the above infomrion is correct.

SIGNATURE (NOK):_____ **DATE:**_____

*******FOR OFFICE USE ONLY*******

SCHEDULING: Day _____ Date _____ Time _____

Previous family burials: _____ (Burial of spouse and/or dependant child)

Section _____ Row _____ Site _____ Verified Docs _____ Verified by: _____